

## REQUEST FOR ASSIGNMENT

Requesting Judge: \_\_\_\_\_

Court: \_\_\_\_\_ County: \_\_\_\_\_

### Reason for request: (check one)

- |  |                                    |                                      |  |
|--|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Recusal                         | <input type="checkbox"/> voluntary | <input type="checkbox"/> involuntary | <input type="checkbox"/> Illness (state below if illness is judge, family member or other) |
| <input type="checkbox"/> Disqualification                |                                    |                                      | <input type="checkbox"/> Continuing education  |
| <input type="checkbox"/> Attorney contempt               |                                    |                                      | <input type="checkbox"/> Personal emergency (state nature of emergency below)              |
| <input type="checkbox"/> Election contest                |                                    |                                      | <input type="checkbox"/> Other (explain below)   |
| <input type="checkbox"/> Suit to remove elected official |                                    |                                      |  |
| <input type="checkbox"/> Assistance with heavy docket    |                                    |                                      |  |
| <input type="checkbox"/> Vacation                        |                                    |                                      |  |

### Additional information:

\_\_\_\_\_  
\_\_\_\_\_

### Judge requested to sit (except recusal and disqualification):

\_\_\_\_\_

Date(s) needed: \_\_\_\_\_

*If assignment is requested for all matters:*

Type of docket (criminal, civil, family, jury, non-jury): \_\_\_\_\_

Length of assignment: ☐ half day OR ☐ \_\_\_\_\_ day(s)

*If assignment is requested for specific case:*

Cause No.: \_\_\_\_\_

Style of Case: \_\_\_\_\_

Nature of Suit: \_\_\_\_\_

Estimate of time to try case: ☐ half day OR ☐ \_\_\_\_\_ day(s)

### Additional information or instructions:

\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: (Required) \_\_\_\_\_

Please email to the Tenth Administrative Judicial Region at: [cshiver@firstadmin.com](mailto:cshiver@firstadmin.com).

If email is not available, fax to (214) 653-2957. *Thank you!*